

3rd Quarter 2009 ~ Human Resources Development Course Offerings



Please check the course(s) you want to attend, write your name, phone number, date & department, get your supervisor's signature, and return to your training coordinator. Our newsletter can also be accessed by visiting our webpage http://www.hamiltoncountyohio.gov/hr/HRDHome.asp. Thanks!

	Course	Sessi	ons	Dates	Time
	Civil Treatment: The Employees' Course	1		September 24	8:30 - 12:30
	Civil Treatment: The Managers' Course	2		August 4 August 5	8:30 - 12:30 8:30 - 12:30
	CPR	2		September 17 September 18	8:30 - 3:30 8:30 - 12:00
	Defensive Driving	1		August 12	8:30 - 12:30
	EAP: Supervisory Overview	1		September 23	1:30 - 3:30
	Employee Orientation Employee Orientation	1 1		July 21 September 15	1:00 - 4:00 1:00 - 4:00
	Hamilton County Innovates! Hamilton County Innovates!	1 1		July 9 September 1	8:30 - 3:00 8:30 - 3:00
	Leadership For Results ~ Employees Coaching			September 2, 9, 16 & 23	8:30 - 12:30
	Leadership For Results ~ Supervisor Developing Team Performance	3		August 11, 18 & 25	8:30 - 12:30
	Leadership For Results ~ Supervisor Moving the Organization Forward	5		July 1, 8, 15, 22 & 29	8:30 - 12:30
	Leadership For Results ~ Supervisor/Employee Personal Leadership	4		July 30, August 6, 13 & 20	8:30 - 12:30
	Leadership For Results ~ Supervisor/Employee Problem Solving	3		July 14, 21 & 28	8:30 - 12:30
	Situational Leadership II			August 27, September 3 & 10	8:30 - 12:30
	Situational Self Leadership	2		August 12 August 19	8:30 - 3:30 8:30 - 3:30
	The Manager's Role in Employee Motivation	1		August 13	8:30 - 11:30
	Workplace Violence: Prevention & Response	1		September 29	8:30 - 11:30
HAMILTON COUNTY E-LEARNING					
Course Title/Year Do you want certificate credit? Yes No (passing post-test required)					
(e.g. Excel) (e.g. 2003)			Do vo	u have experience with	
			the program you are requesting?		
Level 1 2 3 (circle one) beginner intermediate advanced					
Department:					
Requested By: Employee (Please Print) Employee's Phone Number Date					
Social Security # Approved By: Supervisor's Signature Date					